

MONTANA LEGISLATIVE HISTORY

Chapter 351 19 2001

Bill H _____ S 169

Original bill & history ☒ c

H. Committee on Human Services S. Committee on Public Health

Hearing Date(s) _____ c
3/12 ☒ c

_____ c

_____ c

Date Out 3/1 _____ c

Hearing Date(s) _____ c
4/8 ☒ c

_____ c

_____ c

2/1 ☒

Did this bill originate in an interim committee? _____ Yes ☒ No

Committee _____

Report _____

2/06	Referred to Local Government		
3/06	Hearing		
3/07	Committee Executive Action--Bill Concurred as Amended	16	2
3/07	Committee Report--Bill Concurred as Amended		
3/12	2nd Reading Concurred	55	45
3/13	3rd Reading Concurred	53	47
	Returned to Senate with Amendments		
3/19	2nd Reading House Amendments Concurred on Voice Vote	49	0
3/20	3rd Reading Passed as Amended by House	42	7
3/20	Sent to Enrolling		
3/21	Returned from Enrolling		
3/23	Signed by President		
3/26	Signed by Speaker		
3/27	Transmitted to Governor		
3/29	Returned with Governor's Proposed Amendments		
3/31	2nd Reading Governor's Proposed Amendments Concurred on Voice Vote	48	0
4/02	3rd Reading Governor's Proposed Amendments Concurred	42	5
4/02	Transmitted to House for Consideration of Governor's Proposed Amendments		
4/11	2nd Reading Governor's Proposed Amendments Concurred	83	15
4/12	3rd Reading Governor's Proposed Amendments Concurred	59	41
4/12	Sent to Enrolling		
4/16	Returned from Enrolling		
4/17	Signed by President		
4/17	Signed by Speaker		
4/20	Transmitted to Governor		
4/21	Signed by Governor		
4/21	Chapter Number Assigned		
	Chapter Number 317		
	Effective Date: 1/01/2002 - All Sections		

SB 169 Introduced by Franklin

LC0315 Drafter: Fox

Pregnancy Screening for Hepatitis B

By Request of Department of Public Health and Human Services

12/22	Introduced		
1/03	First Reading		
1/03	Referred to Public Health, Welfare and Safety		
1/08	Hearing		
1/15	Fiscal Note Requested		
1/18	Fiscal Note Received		
1/18	Fiscal Note Signed		
1/19	Fiscal Note Printed		
2/01	Committee Executive Action--Bill Passed as Amended	9	0
2/01	Committee Report--Bill Passed as Amended		
2/02	2nd Reading Passed on Voice Vote	45	0
2/03	3rd Reading Passed	42	0
	Transmitted to House		
3/01	Referred to Human Services		
3/12	Hearing		
3/13	Committee Executive Action--Bill Concurred	18	0
3/14	Committee Report--Bill Concurred		
4/04	2nd Reading Concurred	97	3
4/05	3rd Reading Concurred	98	2

Returned to Senate
 4/05 Sent to Enrolling
 4/07 Returned from Enrolling
 4/10 Signed by President
 4/10 Signed by Speaker
 4/13 Transmitted to Governor
 4/23 Signed by Governor
 4/23 Chapter Number Assigned
 Chapter Number 351
 Effective Date: 10/01/2001 - All Sections

SB 170 Introduced by Halligan

LC0115 Drafter: Lane

Revise Child Abuse and Neglect Laws

By Request of Law, Justice, and Indian Affairs Interim Committee

8/28	Fiscal Note Needed		
12/22	Introduced		
12/28	Fiscal Note Requested		
1/03	First Reading		
1/03	Referred to Judiciary		
1/10	Hearing		
1/12	Fiscal Note Received		
1/15	Fiscal Note Printed		
1/24	Committee Executive Action--Bill Passed as Amended	9	0
1/24	Committee Report--Bill Passed as Amended		
1/26	2nd Reading Passed on Voice Vote	49	0
1/27	3rd Reading Passed	42	0
	Transmitted to House		
2/01	Referred to Judiciary		
3/05	Hearing		
3/23	Committee Executive Action--Bill Concurred as Amended	16	2
3/23	Committee Report--Bill Concurred as Amended		
3/29	2nd Reading Concurred	89	11
3/31	3rd Reading Concurred	90	10
	Returned to Senate with Amendments		
4/03	2nd Reading House Amendments Concurred on Voice Vote	49	0
4/04	3rd Reading Passed as Amended by House	48	0
4/04	Sent to Enrolling		
4/06	Returned from Enrolling		
4/06	Signed by President		
4/09	Signed by Speaker		
4/10	Transmitted to Governor		
4/20	Signed by Governor		
4/20	Chapter Number Assigned		
	Chapter Number 281		
	Effective Date: 10/01/2001 - All Sections		

SB 171 Introduced by Glaser

LC0282 Drafter: Lane

Revise Child Support Enforcement Program

By Request of Department of Public Health and Human Services

10/05 Fiscal Note Needed
 12/26 Introduced

2001 Montana Legislature

About Bill -- Links

SENATE BILL NO. 169

INTRODUCED BY E. FRANKLIN



AN ACT REQUIRING SCREENING OF PREGNANT WOMEN FOR HEPATITIS B; DEFINING "HEALTH CARE PROVIDER"; ALLOWING FOR A HEALTH CARE PROVIDER TO COLLECT PRENATAL TESTS; REQUIRING REPORTING OF POSITIVE TEST RESULTS FOR HEPATITIS B SURFACE ANTIGEN TO THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES; AND AMENDING SECTIONS 37-27-312, 50-19-101, 50-19-102, 50-19-103, 50-19-104, 50-19-105, AND 50-19-107, MCA.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 37-27-312, MCA, is amended to read:

"37-27-312. Screening procedures. In addition to meeting the eligibility criteria for client screening established by the board pursuant to 37-27-105, a direct-entry midwife shall recommend that patients secure the following services by an appropriate health care provider:

- (1) the standard serological test, as defined in 50-19-101(2), for women seeking prenatal care;
- (2) screening for hepatitis B and, when appropriate, human immunodeficiency virus, when appropriate;
- (3) maternal serum alpha-fetoprotein test and ultrasound, upon request;
- (4) Rh antibody and glucose screening at 28 weeks' gestation, upon request;
- (5) nonstress testing by a fetal monitor of a fetus at greater than 42 1/2 weeks' gestation or if other reasons indicate the testing;
- (6) screening for phenylketonuria;
- (7) Rh screening of the infant for RhoGAM treatment if the mother is Rh negative; and

(8) screening for premature labor and other risk factors."

Section 2. Section 50-19-101, MCA, is amended to read:

"50-19-101. Definitions. (1) "Department" means the department of public health and human services provided for in 2-15-2201.

(2) "Health care provider" means a licensed physician, a physician assistant-certified, a registered nurse, an advanced practice registered nurse, a naturopathic physician, or a direct-entry midwife practicing within the scope of the provider's professional license.

~~(2)~~(3) "Standard serological test" means a test for syphilis, rubella immunity, and blood group, including ABO (Landsteiner blood type designation--O, A, B, AB) and RH (Dd) type, and a screening for hepatitis B surface antigen, approved by the department."

Section 3. Section 50-19-102, MCA, is amended to read:

"50-19-102. Duties of department. (1) The department shall provide all necessary printing and pay all necessary expenses relative to administration of this part.

(2) Reasonable rules for reports to be submitted by any laboratory making tests and the manner of furnishing the reports to the physician health care provider and the state shall must be adopted by the department.

(3) The department may use information derived from reports of positive tests for sexually transmitted diseases or hepatitis B surface antigen for follow-up followup procedures required by law or considered necessary by the department for the protection of public health."

Section 4. Section 50-19-103, MCA, is amended to read:

"50-19-103. Prenatal blood sample required for serological test. (1) Every female, regardless of age or marital status, seeking prenatal care from a physician health care provider is required to submit a blood specimen for the purpose of a standard serological test. In submitting the specimen to the laboratory, the physician health care provider shall designate it as a prenatal test.

(2) A physician or other person authorized by law to practice obstetrics health care provider who attends a pregnant woman shall at the first professional visit take the blood sample and submit it to a laboratory.

(3) A person permitted to attend a pregnant woman, but not permitted to take blood samples, shall must have the sample taken by a person permitted to take blood samples and submit it to a laboratory.

(4) Any physician or other person required to take the blood sample A health care provider who violates this part is guilty of a misdemeanor. However, a person health care provider who requests a

sample of blood in accordance with this provision and whose request is refused is not guilty of a violation of this section."

Section 5. Section 50-19-104, MCA, is amended to read:

"50-19-104. Approved laboratory to perform syphilis, hepatitis B surface antigen, and rubella immunity tests. (1) The tests for syphilis, hepatitis B surface antigen, and rubella immunity must be done by the laboratory of the department, a laboratory approved by the department, any other state laboratory, or a United States public health service or armed forces laboratory.

(2) The department may establish a reasonable fee for the tests done by the department laboratory."

Section 6. Section 50-19-105, MCA, is amended to read:

"50-19-105. Report of positive test results. All positive laboratory tests for any sexually transmitted diseases or hepatitis B surface antigen must be reported to the department by the laboratory preparing the test. The department shall prescribe the form and way of reporting."

Section 7. Section 50-19-107, MCA, is amended to read:

"50-19-107. Required and permissible exhibit of test results. The report of the results of the test so certified by the laboratory shall must be exhibited by the physician health care provider to the patient. Upon request of the patient, the report of the results of the test may be exhibited to the spouse of the patient, or if the patient is a minor, report of the results of the test may be exhibited to the minor's parents or to the minor's legal guardian."

- END -

Latest Version of SB 169 (SB0169.ENR)

Processed for the Web on April 6, 2001 (4:11PM)

New language in a bill appears underlined, deleted material appears stricken.

Sponsor names are handwritten on introduced bills, hence do not appear on the bill until it is reprinted. See the status of this bill for the bill's primary sponsor.

Status of this Bill | 2001 Legislature | Leg. Branch Home
This bill in WP 5.1 | All versions of all bills in WP 5.1
Authorized print version w/line numbers (PDF format)

Prepared by Montana Legislative Services

(406)444-3064

MINUTES

MONTANA SENATE
57th LEGISLATURE - REGULAR SESSION
COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By CHAIRMAN AL BISHOP, on January 8, 2001 at 3
P.M., in Room 317-A Capitol.

ROLL CALL

Members Present:

Sen. Al Bishop, Chairman (R)
Sen. Duane Grimes, Vice Chairman (R)
Sen. Chris Christiaens (D)
Sen. Bob DePratu (R)
Sen. Eve Franklin (D)
Sen. Dan Harrington (D)
Sen. Royal Johnson (R)
Sen. Jerry O'Neil (R)
Sen. Emily Stonington (D)

Members Excused: Sen. Don Hargrove (R)
Sen. Fred Thomas (R)

Members Absent: None.

Staff Present: Jeanne Forrester, Committee Secretary
Susan Fox, Legislative Branch

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: SB 169, 1/3/2001; SB 41,
1/3/2001; SB 52, 1/3/2001
Executive Action:

Hearing on SB 169

Sponsor: SEN EVE FRANKLIN, SD 21, Great Falls

Proponents: Kathleen Martin, Department of Public Health and
Human Services (DPHHS)
Sami Butler, Montana Nursing Association

Opening Statement by Sponsor:

SEN. EVE FRANKLIN, SD21, Great Falls, introduced SB 169. She introduced this bill at the request of the Department of Public Health and Human Services. They were seeking to add a provision whereby an additional blood test is performed routinely for pregnant woman. That screening test is for hepatitis B. Currently in the law there are a number of illnesses that are required by statute to be tested, including testing for syphilis and the Rh factor. Hepatitis B has become much more of an issue in recent years, and they had seen some significant outbreaks in Cascade County and continue to have outbreaks, thereby causing it to become a significant public health problem. The Public Health Department had become involved in this, and they saw it as a health threat. The focus here is for prevention, so if in fact a woman is found to be Hepatitis B positive, an infant can be given a hepatitis vaccination. **SEN. FRANKLIN** distributed a letter from **Dr. Daniel Ireland, EXHIBIT(phs05a01)**, he is in favor of this legislation.

Proponents' Testimony:

Kathleen Martin, Department of Public Health and Human Services, supported SB 169. She said it is not a simple or a trivial thing to mandate that a specific service be performed for a certain segment of the population. In Montana this is a new threat facing our newborns. Undetected, Hepatitis B can have a serious effect on infants. It can cause liver disease, liver failure and death. If the virus is passed on from the mother to the child it can lead to a shorten life span of the baby. If the virus is detected before birth, the child can be treated within hours of birth and immunized against future infections. In northcentral Montana there was an outbreak that killed 11 people and left 10 others with serious health threats, and among those with health threats were several pregnant women. We need to provide structure and direction for the health care community; and make sure that women and children are protected. The Center for Disease Control strongly recommends prenatal screening for Hepatitis B and nineteen other states have already implemented this procedure.

Sami Butler, Montana Nursing Association, stated that as a public health issue, nurses prefer to focus on prevention of Hepatitis B rather than waiting until it is in the stage of liver disease. This is the humane way to approach Hepatitis B and also the most cost effective way. She asked the committee to support SB 169.

{Tape : 1; Side : A; Approx. Time Counter : 0 - 6.9}

Opponents' Testimony: None

Questions from Committee Members and Response:

SEN. JOHNSON asked if there is a fiscal note attached to this bill. SEN FRANKLIN said there should be a fiscal note attached.

SEN. FRANKLIN asked Ms. Martin to respond. Ms. Martin stated that the only fiscal impact is to the Medicaid program. Medicaid pays \$12.58 a test and assuming there are 4,000 pregnant women each year. The impact would have a \$50,000 effect on Medicaid each year. However, it would not be that high because there are already some tests being performed.

SEN. JOHNSON asked if this was in the budget. Ms. Martin said it was not. SEN. JOHNSON asked what about the plan to finance this. Ms. Martin said they needed to look at how many tests are currently being paid for.

SEN. CHRISTIAENS asked if before this bill comes out of committee would a fiscal note be prepared. SEN. BISHOP said they should have a fiscal note. SEN. FRANKLIN said she would request a fiscal note.

SEN. BISHOP asked about the meaning of a health care provider. It is stated in the bill as a licenced physician, a physician assistant certified, a nurse practitioner, a registered nurse, an advanced practice registered nurse or a naturopathic physician practicing within the scope of the provider's professional license. SEN. BISHOP felt this would expand the practice of medicine to nurses, and he thought this description of health care provider seemed to be a far fetched idea. SEN FRANKLIN responded it did not expand the practice.

SEN. BISHOP had one other question regarding the statement of "screening for HIV when appropriate". When would it be appropriate? SEN. FRANKLIN said only when the practioner feels that an individual would be at risk. Ms. Fox responded it would only be a recommendation to have this test done and does not change existing laws.

Closing by Sponsor:

SEN. FRANKLIN felt they should said get this bill going. She felt it is appropriate and because 80% of the people are already being tested, the cost would be much lower than the \$50,000 that was projected.

SEN. BISHOP said they would hold the bill, until we get a fiscal note.

{Tape : 1; Side : A; Approx. Time Counter : 6.9 - 12.8}

Hearing on SB 41

Sponsor: SEN. GLENN ROUSH, SD 43, Cut Bank

Proponents: Jim Oberhofer, Montana Board Crime Control Post Council
Ann Kindness, Communication Center Manager, Billings
Jim Calnan, Montana State Volunteer Firefighters Association
Jane Jelinski, Montana Association of County Officials

Opponents: None.

Opening Statement by Sponsor:

SEN. GLENN ROUSH, SD 43, Cut Bank, introduced SB 41. He introduced this bill at the request of the Montana 911 Advisory Council. It would require dispatchers to be certified as a public safety officer communication officer, which is a 911 operator. There are 59 call centers in the state. SEN. ROUSH passed out a copy of two prepared amendments EXHIBIT (phs05a02). Under the present statute, the dispatchers are all pretty well trained, but present law does not require they have to be certified. This bill would require that upon hiring, these people would have to attend the one week training school, at the Law Enforcement Academy in Helena, within one year of hire. The funding would come from the .50 cent charge per hookup for your phone each month. That amount goes to the 911 program and cover the costs for the one week training. People already hired would not be required to take the training.

Joe Calnan, Firefighter from Jefferson County, representing the Montana State Volunteer Firefighters Association, said he is in favor of the amendments to SB 41. 911 operators are in the middle of the emergency communications and we need dispatchers who are properly trained in crisis situations. This needs to be mandatory and completed in one year time of hire.

{Tape : 1; Side : A; Approx. Time Counter : 12.8 - 24.7}

SENATE HEALTH & WELFARE

EXHIBIT NO. 1

DATE Jan 8, 2001

BILL NO. SB169

Office of the Chair

Montana Section BILL NO.

Daniel R. Ireland, MD, FACOG

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Bozeman, MT 59715-6900

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January 5, 2001

Senate Committee Members
State of Montana

Re: SB 169

Dear Senators:

Hepatitis B is a viral infection important to the health of women and their newborns. Although not common, infected newborns create a significant health care and cost burden.

The American College of Obstetricians and Gynecologists (ACOG) represents over 35,000 Ob/Gyn physicians in North America. For some years, ACOG has recommended screening of pregnant women for hepatitis B surface antigen as a part of routine prenatal care. The federal Communicable Disease Center (CDC) has also recommended this testing.

Nonetheless, the Immunization Program of the Department of Public Health and Human Services has found that as many as 20% of pregnant Montana women have not had this testing performed in their pregnancy.

A law requiring this testing has precedent as an important public health issue. The state now requires a serologic test for syphilis during pregnancy. And premarital testing for rubella is required.

This bill will help assure that all pregnant women are screened and further provides for treatment of exposed infants. The Montana Section of ACOG urges you "do pass" SB 169.

Respectfully,

Motion/Vote: SEN. FRANKLIN moved AMENDMENTS 1,2,3,AND 5 OF SB 107. Motion carried 9-0.

Motion/Vote: SEN. FRANKLIN moved that SB 107 DO PASS AS AMENDED EXHIBIT(8)SB010702.asf. Motion carried 9-0. SENATORS HARRINGTON, THOMAS and JOHNSON voted by proxy.

EXECUTIVE ACTION ON SB 169

SEN. FRANKLIN passed out the amendments of SB 169 EXHIBIT(9) SB016901.asf. This amendment would allow direct entry midwives administer tests for Hepatitis B.

Motion/Vote: SEN. FRANKLIN moved that SB 169 BE ADOPTED AS AMENDED. Motion carried 9-0.

Motion: SEN. FRANKLIN moved that SB 169 DO PASS AS AMENDED.

Discussion:

SEN. GRIMES asked if this would cost approximately \$40 to \$50 for every mother. SEN. FRANKLIN said there was a cost and asked Ms. Martin to explain. Ms. Martin said upon investigation of the medical aspect of this, it turned out there is not going to be a fiscal impact on Medicaid. She said that in current law, there is a requirement to do a prenatal screening of the mother, which does include Hepatitis B.

SEN. GRIMES said he was more concerned about the cost to the patient. Ms. Martin said it is already included in the screening, therefore, there is no additional cost.

SEN. GRIMES asked when does a doctor order a specific test for Hepititas B. Ms. Martin replied if the doctor feels ths women is at particular risk for Hepatitis B.

SEN. O'NEIL wondered if this bill would save money overall. Ms. Martin said they are not changing the scope of practice for anyone, this bill says if that particular provider is not allowed to do the test, they will be referred to someone who can.

Vote: Motion carried 9-0. SENATORS HARRINGTON, HARGROVE, JOHNSON and THOMAS voted by proxy.

{Tape : 2; Side : B; Approx. Time Counter : 0}

MINUTES

**MONTANA HOUSE OF REPRESENTATIVES
57th LEGISLATURE - REGULAR SESSION
COMMITTEE ON HUMAN SERVICES**

Call to Order: By **CHAIRMAN BILL THOMAS**, on March 12, 2001 at
3:00 P.M., in Room 172 Capitol.

ROLL CALL

Members Present:

Rep. Bill Thomas, Chairman (R)
Rep. Roy Brown, Vice Chairman (R)
Rep. Trudi Schmidt, Vice Chairman (D)
Rep. Tom Dell (D)
Rep. John Esp (R)
Rep. Tom Facey (D)
Rep. Daniel Fuchs (R)
Rep. Dennis Himmelberger (R)
Rep. Larry Jent (D)
Rep. Michelle Lee (D)
Rep. Brad Newman (D)
Rep. Mark Noennig (R)
Rep. Holly Raser (D)
Rep. Diane Rice (R)
Rep. Rick Ripley (R)
Rep. Clarice Schrumpf (R)
Rep. Jim Shockley (R)
Rep. James Whitaker (R)

Members Excused: None.

Members Absent: None.

Staff Present: David Niss, Legislative Branch
Pati O'Reilly, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: SB 77, SB 82, SB 169, 3/9/2001
Executive Action: HB 486, SB 169, SB 108, SB 135

Advisory Council serves the functions as outlined in last session's SB 534, but also is the planning and advisory council required by the federal government. They are to be planning rather than managing or micro-managing or reacting. They need to be proactive in the long term, but they end up responding to concerns of providers, consumers and family members. He thinks they developed one of the best mental health systems in the world in Montana, but we can't afford it, so we have to prioritize our needs. The best place to start is that we need to protect people from the mentally ill who would be prone to doing harm to others. In the children's system, that's the fetal alcohol syndrome: fetal alcohol-effect kids who don't have a conscience, the girls are promiscuous, and there are some real problems. They have a propensity to hurt other people and not worry about it. In the adult system, there are schizophrenics who hear voices and might hurt other people, and that needs to be our top priority. Then we work our way down the list of priorities and do the best we can as far down as we can till the money runs out. **Rep. Schmidt** referred to pages 11 and 12, number 4, and the composition of the committee, having half of the members being consumers, and she wondered about the rest of the members. **Sen. Keenan** said the Oversight Advisory Council had filled in the rest of the committee according to federal guidelines.

Rep. Esp asked **Dan Anderson** about the references in the bill to people who aren't eligible for Medicaid, and that he'd mentioned being at 150 percent of poverty, and is this tied to other DPHHS programs at 150 percent or could it move independently of that. **Mr. Anderson** said most of the other programs, such as CHIP and food stamps, are at 150 percent of poverty. Legally they could move independent of those programs. They prefer that there's a single standard that all the programs have. The exception is the CHIP program, since part of the children's mental health program is tied to that. If CHIP were changed, they'd have to change the standard for the children's mental health programs also. {Tape : 1; Side : B; Approx. Time Counter : 26.7 - 30} {Tape : 2; Side : A; Approx. Time Counter : 0 - 30} {Tape : 2; Side : B; Approx. Time Counter : 0 - 0.9}

Closing by Sponsor:

Sen. Keenan thanked the committee for their questions and their interest and said he looked forward to a lot of help in trying to solve this problem. **Rep. Esp** will carry the bill. {Tape : 2; Side : B; Approx. Time Counter : 0.9 - 2.6}

HEARING ON SB 169

Sponsor: SEN. EVE FRANKLIN, SD 21, Great Falls

Proponents: Kathleen Martin, Chief, Communicable Disease Control
& Prevention Bureau, DPHHS
Sami Butler, Mt. Nurses' Assn.

Opponents: None

Opening Statement by Sponsor:

SEN. EVE FRANKLIN, SD 21, Great Falls, said SB 169 was requested by the Dept. of Public Health and Human Services. The bill states that pregnant women will be screened for hepatitis B. The reason for doing this is that hepatitis B is a communicable disease that has reached some epidemic proportions in Montana, and we've had some very serious outbreaks, including one in Cascade County. There are a number of serological or blood screening that pregnant women undergo now in order to prevent any poor outcomes for their babies, and that's syphilis and rubella. Hepatitis B, if detected early and the appropriate kinds of care are given to a neonate, meaning a little tiny baby, any sequel could really be prevented, and that is the reason for this bill. There was some question in terms of cost, but the new fiscal note shows zero. Kathleen Martin from Communicable Disease Prevention Division has ascertained that this can be included in other blood work done for pregnant women. Another reason for requesting this bill and providing some structure is that DPHHS is the entity that is given the responsibility to protect our public health, and sometimes these tests are administered but there isn't even among the physician community in terms of communicable disease, enough information on what the state of the art is. This also will define the appropriate kinds of tests that should be administered in order to protect the health of both the mother and the infant. {Tape : 2; Side : B; Approx. Time Counter : 2.6 - 9.2}

Proponents' Testimony:

Kathleen Martin, Chief, Communicable Disease Control and Prevention Bureau, Dept. of Public Health and Human Services, said the department supports this bill. They realize that it's not a trivial or a simple thing to mandate that a specific health service be performed for a specific population. However, when there is a clear threat to public health and clear protective measures are available, then that's the appropriate time to talk about mandates. Current Montana law requires pregnant women to be screened for syphilis, rubella and the RH factor. Information gained from these screening allows prospective parents and their health care providers to make the best possible preparations for a safe and healthy birth. Expectant parents who don't know their status in regards to syphilis, rubella and the RH factor take a tremendous risk for themselves and for their child. In Montana today, the new

threat of hepatitis B is facing our newborns. Undetected, it can have devastating effects on an infant. The virus is passed to the child from the mother during birth and can lead to chronic liver disease, lifelong health problems and a dramatically shortened life span. If the pregnant woman is known to be infected with hepatitis B prior to birth, the child can be treated within hours of birth and immunized against future infections and avoid all of those lifelong complications. We like to think that this is not an issue that effects us in Montana. Hepatitis B is a sexually-transmitted disease, and unfortunately, the number of cases is increasing in Montana. We need to provide a structure, an outline and some clear direction for providers to say that this is the standard of care. We have to be in line with the rest of the nation in terms of providing the right standard of care for pregnant women and their infants. The Centers for Disease Control strongly recommends prenatal screening for hepatitis B as a key protective measure. 19 other states have already instituted this requirement, and it is time for Montana to add this simple protective measure. There is no additional cost, even to the medicaid program, because hepatitis B is included in the prenatal panel that is already provided to pregnant women, and medicaid already pays for that. **{Tape : 2; Side : B; Approx. Time Counter : 9.2 - 13.4}**

Sami Butler, Mt. Nurses' Assn., said as a public health issue, nurses prefer to focus on prevention of hepatitis B rather than end-stage liver disease. This is a humane and cost-effective way to approach hepatitis B, and nurses across Montana support the bill. **{Tape : 2; Side : B; Approx. Time Counter : 13.4 - 14}**

Opponents' Testimony: None

Questions from Committee Members and Responses:

Rep. Esp asked **Kathleen Martin** about the reason for language on page 1 of the bill that eliminated the screening for hepatitis B. **Ms. Martin** said the section was in the direct-entry midwives statute, which states that they are to refer for hepatitis B on a case-by-case basis, so that kind of case-by-case judgment has been removed and they must refer for screening in all cases. It removes it as a discretionary action on the part of the midwives, who are included in the provider definitions. **{Tape : 2; Side : B; Approx. Time Counter : 14 - 18.2}**

Closing by Sponsor: **Sen. Franklin** had left to attend another hearing following her opening, so she was not present to close. **{Tape : 2; Side : B; Approx. Time Counter : 18.2 - 21}**

EXECUTIVE ACTION ON HB 486

Motion: REP. NOENNIG moved that HB 486 DO PASS. {Tape : 2; Side : B; Approx. Time Counter : 21 - 22}

Discussion: Rep. Esp said he had missed the hearing and wondered if the statutory appropriations were in the governor's budget. Chairman Thomas said apparently not. Rep. Brown asked if anybody knew what had been happening in the Appropriations Human Services subcommittee as far as foster care goes and if they had done anything about the requests that are in this bill. Nobody knew anything specific. Rep. Brown said if this bill were passed out of committee, it would be a cat and dog bill with virtually no chance of going anywhere with its \$2.4 million statutory appropriation. {Tape : 2; Side : B; Approx. Time Counter : 22 - 26}

Substitute Motion: REP. WHITAKER moved that HB 486 BE TABLED. {Tape : 2; Side : B; Approx. Time Counter : 26 - 27.1}

Discussion: Rep. Raser said she knew that she would be a broken record on this and it wouldn't change the outcome of the vote, but she wanted to go on record because somebody has to go on record that even if it's not in the governor's budget, this is good policy. Obviously not for this session, but for future sessions, when the legislature is discussing these things, perhaps they ought to consider these things when they're also considering tax breaks. If we can't afford the basic services that our people need, maybe we need to increase revenues or at least keep revenues consistent with what the people of the state need. She said that she realizes it won't make a difference in this, but it should. {Tape : 2; Side : B; Approx. Time Counter : 27.1 - 29}

Motion/Vote: REP. WHITAKER moved that HB 486 BE TABLED. Motion carried 10-8 with Dell, Facey, Jent, Lee, Newman, Raser, Schmidt, and Schrupf voting no. {Tape : 2; Side : B; Approx. Time Counter : 29 - 30}

EXECUTIVE ACTION ON SB 169

Motion/Vote: REP. BROWN moved that SB 169 BE CONCURRED IN. Motion carried unanimously. Rep. Raser will carry the bill. {Tape : 3; Side : A; Approx. Time Counter : 0 - 1.3}

EXECUTIVE ACTION ON SB 108

Motion: REP. SCHMIDT moved that SB 108 BE CONCURRED IN.